Meaningful Measures: A CMS Update

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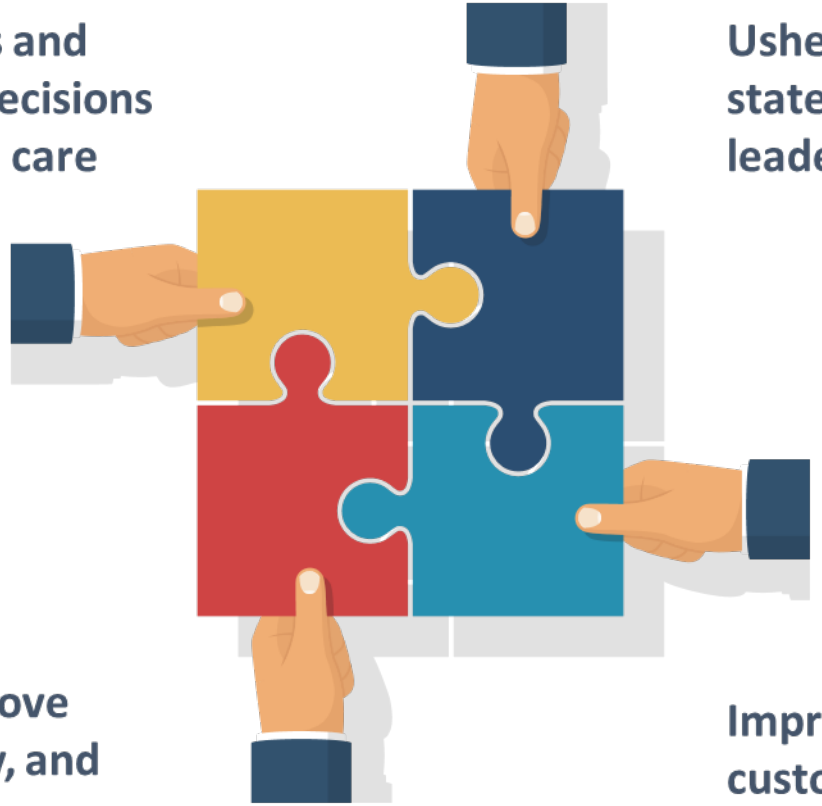
A New Approach to Meaningful Outcomes

Empower patients and doctors to make decisions about their health care



Usher in a new era of state flexibility and local leadership

Support innovative approaches to improve quality, accessibility, and affordability

Improve the CMS customer experience

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Meaningful Measures Objectives

Meaningful Measures focus everyone's efforts on the same quality areas and lend specificity, which can help identify measures that:

- Address high-impact measure areas that safeguard public health
- Are patient-centered and meaningful to patients, clinicians and providers
- Are outcome-based where possible
- Fulfill requirements in programs' statutes
- Minimize level of burden for providers
- Identify significant opportunity for improvement
- Address measure needs for population based payment through alternative payment models
- Align across programs and/or with other payers

Meaningful Measures Framework

Meaningful Measure Areas Achieve:

- ✓ *High quality healthcare*
- ✓ *Meaningful outcomes for patients*

Criteria meaningful for patients and actionable for providers

Draws on measure work by:

- Health Care Payment Learning and Action Network
- National Quality Forum – *High Impact Outcomes*
- National Academies of Medicine – *IOM Vital Signs Core Metrics*

Includes perspectives from experts and external stakeholders:

- Core Quality Measures Collaborative
- Agency for Healthcare Research and Quality
- Many other external stakeholders

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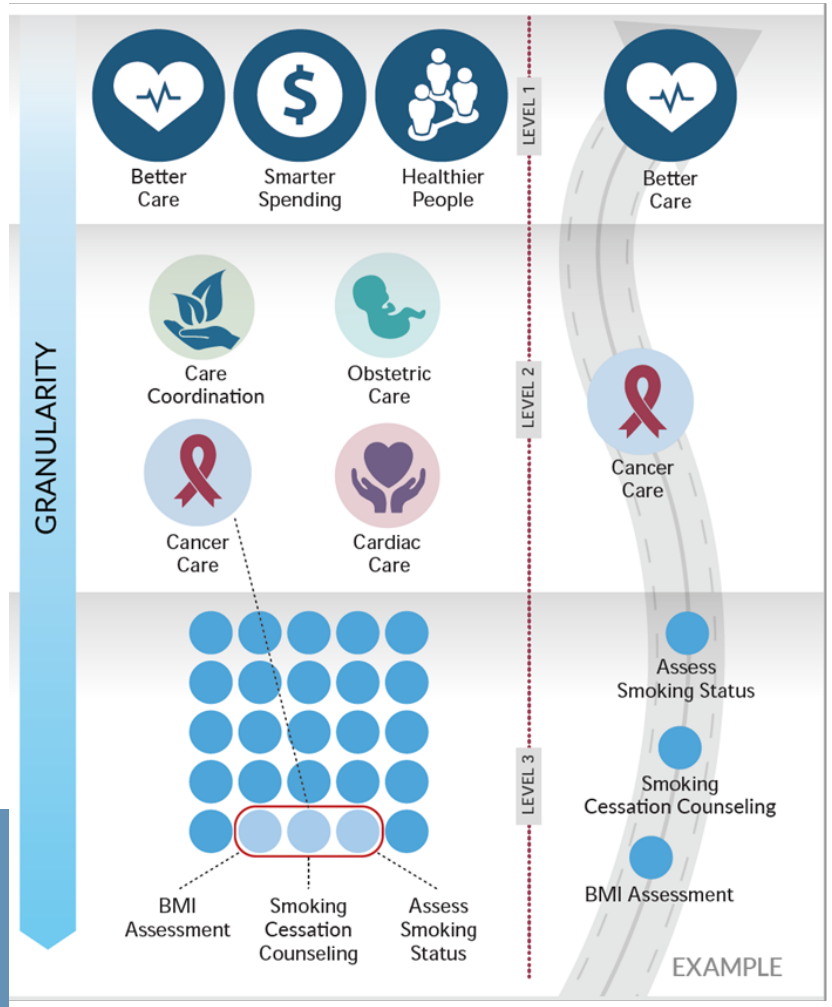
Core Quality Measures Collaborative

- CMS Quality Measure Development Plan
  - Highlight known measurement gaps and develop strategy to address these
  - Promote harmonization and alignment across programs, care settings, and payers
  - Assist in prioritizing development and refinement of measures

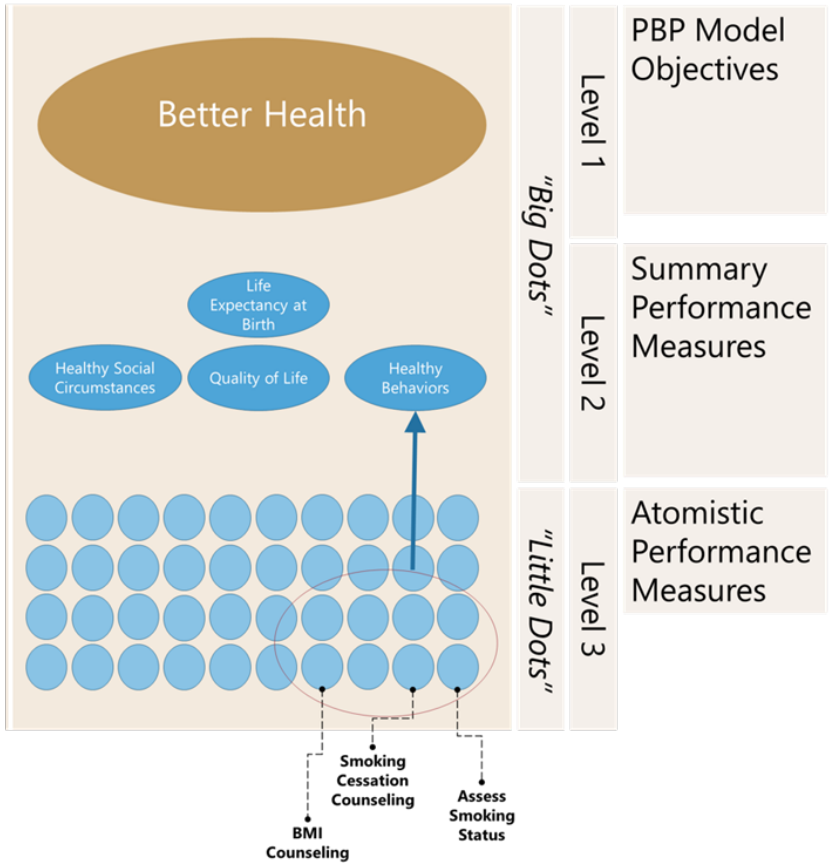
- Core Measures Sets released in 2016, new PEDIATRIC measure set released 2017
  - ACOs, Patient Centered Medical Homes (PCMH), and Primary Care
  - Cardiology
  - Gastroenterology
  - HIV and Hepatitis C
  - Medical Oncology
  - Obstetrics and Gynecology
  - Orthopedics
  - Pediatrics

https://www.cms.gov/Medicare/Quality-Initiatives-Patient-Assessment-Instruments/QualityMeasures/Core-Measures.html

Use Meaningful Measures to Achieve Goals, while Minimizing Burden



Drawing from the HCP LAN "Big Dot" Work



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Meaningful Measures

Promote Effective Communication & Coordination of Care
Meaningful Measure Areas:
- Medication Management
- Admissions and Readmissions to Hospitals
- Transfer of Health Information and Interoperability

Promote Effective Prevention & Treatment of Chronic Disease
Meaningful Measure Areas:
- Preventive Care
- Management of Chronic Conditions
- Prevention, Treatment, and Management of Mental Health
- Prevention and Treatment of Opioid and Substance Use Disorders
- Risk Adjusted Mortality

Strengthen Person & Family Engagement as Partners in their Care
Meaningful Measure Areas:
- Care is Personalized and Aligned with Patient's Goals
- End of Life Care according to Preferences
- Patient's Experience of Care
- Patient Reported Functional Outcomes

Work with Communities to Promote Best Practices of Healthy Living
Meaningful Measure Areas:
- Equity of Care
- Community Engagement

Make Care Safer by Reducing Harm Caused in the Delivery of Care
Meaningful Measure Areas:
- Healthcare-Associated Infections
- Preventable Healthcare Harm

Make Care Affordable
Meaningful Measure Areas:
- Appropriate Use of Healthcare
- Patient-focused Episode of Care
- Risk Adjusted Total Cost of Care

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Make Care Safer by Reducing Harm Caused in the Delivery of Care (1 of 2)

Patient Safety

Meaningful Measure Areas

Healthcare-Associated Infections

On any given day, about one in 25 hospital patients has at least one healthcare-associated infection[1]. Prevent healthcare-associated infections that occur in all healthcare settings.

Preventable Healthcare Harm

Each year, 2.8 million people are treated in emergency departments for fall injuries, with associated costs of $31 billion[2]. Avoid non-infectious harms like falls and complications like bed sores; harm that occurs during care is a leading cause of significant morbidity and mortality, and occurs in both inpatient and outpatient settings.

Descriptions

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Make Care Safer by Reducing Harm Caused in the Delivery of Care (2 of 2)

Patient Safety

Healthcare-Associated Infections

Preventable Healthcare Harm

Meaningful Measure Areas

Central Line-Associated Bloodstream Infection (CLABSI) HACRP, LTCH QRP, Medicaid & CHIP, QIO

Surgical Site Infections (SSI) IQR

Pediatric Central Line-Associated Bloodstream Infections Neonatal Intensive Care Unit and Pediatric Intensive Care Unit (CLABSI) Medicaid & CHIP

Methicillin-Resistant Staphylococcus Aureus (MRSA) Bacteremia Outcome Measure LTCH QRP, IRF QRP

Catheter-Associated Urinary Tract Infection (CAUTI) IRF QRP, LTCH QRP, QIO

Early Elective Delivery Medicaid & CHIP

Percent of Patients or Residents with Pressure Ulcers that are New or Worsened IRF QRP, LTCH QRP, SNF QRP, HH QRP

Measures

Programs Using Illustrative Measures

Hospital-Acquired Condition Reduction Program (HACRP)
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
Medicaid and CHIP (Medicaid & CHIP)
Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)
Skilled Nursing Facility Quality Reporting Program (SNF QRP)
Hospital Inpatient Quality Reporting (IQR) Program
Home Health Quality Reporting Program (HH QRP)
Quality Improvement Organization (QIO)

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Strengthen Person & Family Engagement as Partners in their Care (1 of 2)

Person- and Family-Centered Care

Meaningful Measure Areas	Descriptions
Care is Personalized and Aligned with Patient's Goals	"An alternative approach to better care focuses on [patient goals]…researchers have been using goal-attainment scaling for decades to measure the effect of treatment for conditions such as dementia and for comprehensive geriatric assessments"[3]. Ensure the care delivered is in concert with individuals' goals, aligned with the care plan co-created with their doctor and evidenced by people making informed decisions about their care.
End of Life Care according to Preferences	Fewer than 50% of even severely or terminally ill patients have an advance directive in their medical record[4]. Ensure that care delivered at the end of life is in concert with patient/family preferences, which includes knowing those desires and providing aligned care and services.
Patient's Experience of Care	Recent average positive reports of healthcare experiences showed variation across a range of factors, for example, from 52% for 'Care transitions' to 87% for 'Discharge information'[5]. Actively engage patients in reporting their experiences including satisfaction with care and staff, and community inclusion.
Patient Reported Functional Outcomes	With total knee replacement among the top five most frequent inpatient procedures, more than 50% of inpatients are being discharged home[6]. Improve or maintain patients' quality of life by addressing physical functioning that affects their ability to undertake daily activities most important to them.

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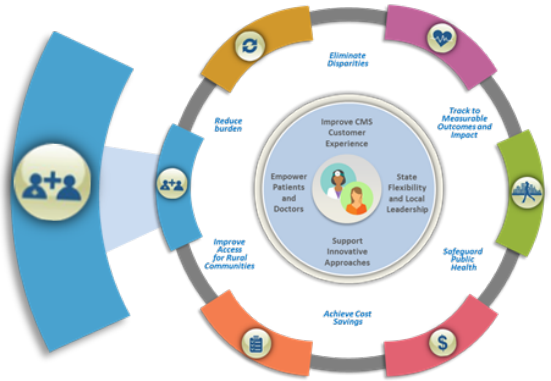
Strengthen Person & Family Engagement as Partners in their Care (2 of 2)



Person- and Family-Centered Care

- Care is Personalized and Aligned with Patient's Goals
- End of Life Care according to Preferences
- Patient's Experience of Care
- Patient Reported Functional Outcomes

Meaningful Measure Areas

Measures

- Care plan QPP
- Hospice Visits while Death is Imminent HQRP
- CAHPS® Hospice Survey: Getting Emotional and Religious Support HQRP
- CAHPS In-Center Hemodialysis Survey ESRD QIP
- Home and Community Based Services CAHPS Medicaid & CHIP
- Functional Status Assessment for Total Hip Replacement QPP

Programs Using Illustrative Measures

Quality Payment Program (QPP)
Hospice Quality Reporting Program (HQRP)
End-Stage Renal Disease Quality Incentive Program (ESRD QIP)
Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)
Skilled Nursing Facility Quality Reporting Program (SNF QRP)
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
Medicaid and CHIP (Medicaid & CHIP)
Home Health Quality Reporting Program (HH QRP)

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Promote Effective Communication & Coordination of Care (1 of 2)

Effective Communication and Care Coordination

Meaningful Measure Areas	Descriptions
Medication Management	Annual health care costs in the U.S. from Adverse Drug Events (ADEs) are estimated at $3.5 billion, resulting in 7,000 deaths annually[7]. Avoid medication errors, drug interactions, and negative side effects by reconciling and tailoring prescriptions to meet the patient's care needs.
Admissions and Readmissions to Hospitals	Nearly 1 in 5 Medicare fee-for-service hospital discharges have previously resulted in a readmission within 30 days[8], accounting for more than $17 billion in avoidable Medicare expenditures[9]. Prevent unplanned admissions and readmissions to the hospital; unplanned admissions and readmissions have negative impacts on patients, caregivers, and clinical resources, and can be prevented with effective care coordination and communication.
Transfer of Health Information and Interoperability	Fewer than 10% of physicians have fully functional Electronic medical record/electronic health record (EMR/EHR) systems[10]. Promote interoperability to ensure current and useful information follows the patient and is available across every setting and at each healthcare interaction.

Promote Effective Communication & Coordination of Care (2 of 2)

Effective Communication and Care Coordination

Meaningful Measure Areas

- Medication Management
- Admissions and Readmissions to Hospitals
- Transfer of Health Information and Interoperability

Measures

- Use of High Risk Medications in the Elderly QPP
- Medication Reconciliation Post-Discharge MSSP
- Annual Monitoring for Patients on Persistent Medications (MPM) QRS
- Drug Regimen Review Conducted with Follow-Up for Identified Issues IRF QRP, LTCH QRP, SNF QRP, HH QRP
- Standardized Readmission Ratio (SRR) ESRD QIP
- Plan All-Cause Readmissions Medicaid & CHIP
- Use of an Electronic Health Record IPFQR, QIO

Programs Using Illustrative Measures

Quality Payment Program (QPP)
Medicare Shared Savings Program (MSSP)
Health Insurance Marketplace Quality Rating System (QRS)
Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)
Skilled Nursing Facility Quality Reporting Program (SNF QRP)
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
Home Health Quality Reporting Program (HH QRP)
End-Stage Renal Disease Quality Incentive Program (ESRD QIP)
Medicaid and CHIP (Medicaid & CHIP)
Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Quality Improvement Organization (QIO)

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Promote Effective Prevention & Treatment of Chronic Disease (1 of 2)

Prevention and Treatment of Chronic Disease

Meaningful Measure Areas	Descriptions
Preventive Care	Many screening rates, like those for breast (72%), cervical (83%), and colorectal (59%) cancers, are below desired levels and reflect disparities across ethnicity/race[11]. Prevent diseases by providing immunizations and evidence-based screenings, and promoting healthy life style behaviors and addressing maternal and child health.
Management of Chronic Conditions	People with multiple chronic conditions account for 93% of total Medicare spending[12]. Promote effective management of chronic conditions, particularly for those with multiple chronic conditions.
Prevention, Treatment, and Management of Mental Health	Annually, 1 in 5 or 43.8 million adults in the U.S. experience mental illness[13]. Diagnosis, prevention and treatment of depression and effective management of mental disorders (e.g., schizophrenia, bipolar disorder), and dementia (e.g., Alzheimer's disease) with emphasis on effective integration with primary care.
Prevention and Treatment of Opioid and Substance Use Disorders	Annually, three out of five drug overdose deaths involve an opioid[14], resulting in over $72 billion in medical costs[15]. Ensure screening for and treatment of substance use disorders, including those co-occurring with mental health disorders.
Risk Adjusted Mortality	Heart disease, cancer, and chronic lower respiratory diseases are among the leading causes for death[16]. Reduce mortality rate for patients in all healthcare settings.

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Promote Effective Prevention & Treatment of Chronic Disease (2 of 2)

Prevention and Treatment of Chronic Disease

- Preventive Care
- Management of Chronic Conditions
- Prevention, Treatment, and Management of Mental Health
- Prevention and Treatment of Opioid and Substance Use Disorders
- Risk Adjusted Mortality

Meaningful Measure Areas

Measures

- Influenza Immunization Received for Current Flu Season HH QRP
- Timeliness of Prenatal Care (PPC) Medicaid & CHIP
- Well-Child Visits in the First 15 Months of Life (6 or More Visits) Medicaid & CHIP
- Osteoporosis Management in Women who Had a Fracture QPP
- Hemoglobin A1c Test for Pediatric Patients (eCQM) Medicaid & CHIP
- Follow-up after hospitalization for Mental Illness IPFQR
- Alcohol Use Screening IPFQR
- Use of Opioids at High Dosage Medicaid & CHIP
- Hospital 30-Day, All Cause, Risk-Standardized Mortality Rate (RSMR) Following Heart Failure (HF) Hospitalization HVBP

Programs Using Illustrative Measures

Home Health Quality Reporting Program (HH QRP)
Medicaid and CHIP (Medicaid & CHIP)
Quality Payment Program (QPP)
Inpatient Psychiatric Facility Quality Reporting (IPFQR) Program
Hospital Value-Based Purchasing (HVBP) Program

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Promote Effective Prevention & Treatment of Chronic Disease – Example

Prevention and Treatment of Chronic Disease

Prevention and Treatment of Opioid and Substance Use Disorders

Meaningful Measure Area

Alcohol Use Screening
(Inpatient Psychiatric Facility Quality Reporting Program)

Use of Opioids at High Dosage
(Medicaid and CHIP)

Measures

Work with Communities to Promote Best Practices of Healthy Living (1 of 2)

Health and Well-Being

Equity of Care

Community Engagement

Meaningful Measure Areas

Nearly 40 million persons in the United States have a disability with disparities in age, ethnicity, and socio-economic status[17]. Ensure high quality and timely care with equal access for all patients and consumers, including those with social risk factors, for all health episodes in all settings of care.

It is estimated that a $10 per person per year investment in community-based programs could save $16 billion in medical cost savings per year reflective of improved health[18]. Increase the use and quality of home and community-based services (HCBS) to promote public health including a focus on health literacy.

Descriptions

Work with Communities to Promote Best Practices of Healthy Living (2 of 2)

Health and Well-Being

Equity of Care

Community Engagement

Meaningful Measure Areas

Measures

Discharge to Community-Post Acute Care HH QRP, LTCH QRP, IRF QRP, SNF QRP

Programs Using Illustrative Measures

Home Health Quality Reporting Program (HH QRP)
Skilled Nursing Facility Quality Reporting Program (SNF QRP)
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)

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Make Care Affordable (1 of 2)

Affordable Care

Appropriate Use of Healthcare

Overuse of services is estimated to account for nearly $300 billion a year in expenditures[19]. Ensure patients receive the care they need while avoiding unnecessary tests and procedures.

Patient-focused Episode of Care

Approximately 30% of healthcare spending is for services without health benefits to patients[20]. Improve care by optimizing health outcomes and resource use associated with treating acute clinical conditions or procedures.

Risk Adjusted Total Cost of Care

In 2015, Medicaid spent $545.1 billion and Medicare spent $646.2 billion, with over 400 Medicare ACOs contributing more than $466 million in total program savings[21]. Hold healthcare providers accountable for the total costs of care to mitigate out of pocket costs to the patient, lower costs to the Medicare program, ensure efficient use of high value services, improve the quality of care, and safeguard the future of services and programs, with a focus on price transparency and continual improvements in quality.

Meaningful Measure Areas

Descriptions

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Make Care Affordable (2 of 2)

Affordable Care

Appropriate Use of Healthcare

Patient-focused Episode of Care

Risk Adjusted Total Cost of Care

Meaningful Measure Areas

Avoidance of Antibiotic Treatment in Adults with Acute Bronchitis QPP

Caesarean Section Medicaid & CHIP

Appropriate Treatment for Children with Upper Respiratory Infection QRS

Spinal Fusion Clinical Episode-Based Payment (Sfusion Payment) Measure IQR

Medicare Spending Per Beneficiary IRF QRP, LTCH QRP, SNF QRP, HH QRP

Hospital-Level, Risk-Standardized Payment Associated with a 30-day Episode-of-Care for Heart Failure (HF) HVBP

Oncology Care Model CMMI

Total Per Capita Costs for All Attributed Beneficiaries VM

Measures

Programs Using Illustrative Measures

Quality Payment Program (QPP)
Health Insurance Marketplace Quality Rating System (QRS)
Hospital Inpatient Quality Reporting (IQR) Program
Hospital Value-Based Purchasing (HVBP) Program
Center for Medicare and Medicaid Innovation (CMMI)
Value Modifier (VM) Program
Home Health Quality Reporting Program (HH QRP)
Skilled Nursing Facility Quality Reporting Program (SNF QRP)
Long-Term Care Hospital Quality Reporting Program (LTCH QRP)
Inpatient Rehabilitation Facility Quality Reporting Program (IRF QRP)

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Getting to Measures that Matter

How do Meaningful Measure Areas Relate to Existing CMS Programs?

- Do not replace any existing programs, create new requirements, or mandate new measures, but will help programs identify and select individual measures
- Intended to increase measure alignment across CMS programs and other public and private initiatives
- Point to high priority areas where there may be gaps in available quality measures while helping guide CMS's effort to develop and implement quality measures to fill those gaps

How will this initiative reduce burden for clinicians and providers?

- Allow clinicians and providers to focus on patients and improve quality of care in ways that are meaningful to them instead of reporting and paperwork
- Prioritize the use of outcome measures though high priority process measures will continue to be considered in cases where outcome measures might not be possible

What does this initiative mean for clinicians, including specialists?

- Intended to capture the most impactful and highest priority quality improvement areas for all clinicians, including specialists
- It is applicable across the lifespan and care settings
- Taking orthopedic surgeons as an example, we have heard from patients and surgeons that measuring patient-reported functional outcomes after surgery is important to determine if the surgery has been effective in improving or maintaining patients' quality of life

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Meaningful Measures Next Steps

- Get stakeholder input to further improve the Meaningful Measures framework
- Work across CMS components to implement the framework
- Evaluate current measure sets and inform measure development

Give us your feedback!
MeaningfulMeasuresQA@cms.hhs.gov

Example of next steps: IPPS Proposed Rule

- Issued on April 24, 2018
- Deadline for submitting comments on the proposal and the RFI is June 25, 2018.

- Proposing to remove certain measures from the Hospital IQR Program
  - Consistent with CMS' commitment to using a smaller set of more meaningful measures
  - Focusing on measures that provide opportunities to reduce both paperwork and reporting burden on providers and patient-centered outcome measures, rather than process measures.
- To accomplish these goals, CMS is proposing to adopt a new measure removal factor and to update the Hospital IQR Program's measure set as follows:
  - Adopt one additional factor to consider when evaluating measures for removal from the Hospital IQR Program measure set: "The cost associated with a measure outweighs the benefit of its continued use in the program".
  - Remove 18 previously adopted measures that are "topped out", no longer relevant, or where the burden of data collection outweighs the measure's ability to contribute to improved quality of care.
  - De-duplicate 21 measures to simplify and streamline measures across programs. These measures will remain in one of the other 4 hospital quality programs

https://www.cms.gov/Newsroom/MediaReleaseDatabase/Fact-sheets/2018-Fact-sheets-items/2018-04-24.html

Question & Answer

Thank you!

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